

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097926414

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1		1	
2				1		1
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48				1		1
49				1		1
50				1		1
TOTAL IND.		↓	3	↓	2	↓
TOTAL DER.		↓	13	↓	15	↓
TOTAL CLAIMS		↓	16	↓	17	↓

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS